DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CS (SEMIAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: LAKE PLACE GROUP HOME (110023)

Address: 105 LAKE RD, PORTAGE, WI 53901

License Status: REGULAR

Licensed/Certified/Registered 07/01/1981

Regional Office: SOUTHERN REGION (MADISON), (608) 243-2370

Survey History	7
----------------	---

Survey ID: 0096512 End Date: 02/23/2006 Type: STANDARD Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008344 Served 03/15/2006

		<u>Compliance</u>	
Deficiencies Cited	Subject Area	<u>Verified</u>	Corrected
83.32(2)(d)	REVIEW OF PROGRESS		
83.42(3)(e)	QUARTERLY FIRE DRILLS		
83.42(3)(f)	SLEEPING HOURS EVACUATION DRILL		
83.43(3)(a)	SMOKE DETECTION SYSTEM & HEAT DETECTORS		
83.43(3)(b)1	TESTING BY SERVICE COMPANY		

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CS (SEMIAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Survey ID: 0091249 End Date: 10/14/2003 Type: STANDARD Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10007884 Served 10/23/2003

		Compliance	
Deficiencies Cited	Subject Area	<u>Veri fied</u>	Corrected
12.08	ARMED FORCES BACKGROUND SEARCHES	02/23/2006	Yes
50.065(2)(bm)	OUT OF STATE BACKGROUND CHECKS	02/23/2006	Yes
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING		
83.15(2)(a)	WRITTEN STAFFING SCHEDULE		
83.33(3)(e)5	MEDICAL RECORD DOCUMENTATION		
83.42(3)(f)	SLEEPING HOURS EVACUATION DRILL		

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CS (SEMIAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Enforcement History

Date: 03/10/2006 SOD #10008344 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

FORFEITURE---83.42(3)(f)

Date: 10/20/2003 SOD #10007884 Appealed: No

Sanctions

COMPLY WITH FACILITY PLAN OF CORRECTION

OTHER SANCTION

FORFEITURE---83.14(1)(d) (reduced from \$400

FORFEITURE---83.42(3)(f)

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.